

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> 09780 210	<small>FILING DATE</small> 02/16/01					
							<small>APPLICANT(S)</small>						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	7	1	1	1	1	1	TOTAL IND.	1	1	1	1	1	1
TOTAL DEP.	29	1	1	1	1	1	TOTAL DEP.	1	1	1	1	1	1
TOTAL CLAIMS	36	2	2	2	2	2	TOTAL CLAIMS	2	2	2	2	2	2